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Informed consent for psychotherapy includes much more than the setting

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In a recent article on informed consent (IC) in *The Lancet Psychiatry*, we pointed out that whereas “[i]n most fields of health care, obtaining the patient’s IC for treatment is considered a moral duty, reflecting both the individual’s right to self-determination and the principle of patient protection [...], [i]n psychotherapy, IC is not only a moral duty but also has obvious benefits for patients and therapists” [1]. Nevertheless, informed consent for psychotherapy is still not routine [2].

Novosel argues in his viewpoint article in *Swiss Medical Weekly* that IC “has been a crucial element in psychotherapy since its beginnings, but under another name: the setting” [3]. We agree that defining the setting – for example, providing basic information on time, place, duration, frequency, or fees – is an important element of IC for a psychotherapeutic intervention. However, informing patients about the setting should not be confused with the challenging task of IC. This is where we see the major flaw with Novosel’s argument. In addition, it remains unclear, what “the setting” specifically entails, and the references cited in the comment do not help to clarify this point [4].

Reliable IC includes the communication of the patient’s diagnosis and prognosis, discussion of potential benefits, as well as risks and harms, of psychotherapy [e.g., 5]; it comprises agreement about the goals and tasks of the psychotherapy that may support treatment success [6]; it should include information about the evidence base of the provided psychotherapeutic method [7] and possible alternative treatments, including other psychotherapeutic approaches and pharmacotherapy. In summary, IC “procedures emphasize the patient’s role in making treatment decisions, increasing a sense of ownership over the process” [8].

There are only a few empirical studies on the practice of IC in psychotherapy. One qualitative study in Austria has

found that psychotherapists seem to provide basic information about the setting (e.g., duration or financial aspects) much more reliably than the more demanding requirements such as the evidence base of the provided psychotherapeutic method, or possible alternative treatments [2]. This finding corresponds with our own experience. We therefore call for the topic of how to provide valid and reliable IC to become an integral constituent of psychotherapy training programs and continuing education – along with other ethical and legal issues of psychotherapy.

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